

the reflex is really a cutaneous one, for the same response can be obtained by pinching the skin over the gastrocnemius. The fact is that when Babinski's sign is well marked it can be obtained from stimulation over a far wider reflexogenous zone than the sole of the foot, for instance, from the front of the leg (Oppenheim's sign), or from the upper part of the thigh (Remak's sign).

Another useful test is that described independently by Mendel and Bechterew. It consists in striking the dorsum of the foot at about the junction of its middle and posterior thirds. In the normal, extension of the middle toes follows, whereas, when a lesion of the upper neurone segment is present, flexion of these follows. The significance of Schäfer's and Mendel's signs is exactly the same as that of Babinski's, namely, they demonstrate the existence of a lesion of the upper neurone system. It is usually said that they do not occur in functional disease, but I should not like to be dogmatic on this point. Both these signs usually occur only when Babinski's is also present, but occasionally they may occur in the absence of this, and then their value in diagnosis may be very great.

The first case has illustrated some of the points by means of which we are enabled to distinguish between true and pseudo-paraplegia. The second case we shall make use of to study the problem of the differential diagnosis between the different varieties of the former condition. In doing this it is expedient to bear in mind some method of grouping the various causes of true paraplegia, so that by systematically taking into consideration one group after another, one is sure not to overlook any of them. For this purpose, I would commend to your notice the following simple scheme, which we shall apply to the next case by working from below upwards. This is not as a rule the better order, but I am adhering to it in this instance for a special reason.

A.—TRUE PARAPLEGIA.

I. *Physical*.—Hysteria.

II. *Organic*.

A. *Disease of Brain*.

I. Bilateral lesion.

(a) Cortex, general paralysis of the insane, meningitis, porencephaly, hemorrhage, thrombosis of the superior longitudinal sinus.

(b) Pons, tumour, vascular lesion.

2. Multiple lesions, tumour, vascular lesion.

3. Large single lesion, causing pressure on opposite side.